

## HEALTH IN A WORLD PERSPECTIVE \*

KURT WALDHEIM

Secretary General  
The United Nations  
New York, N.Y.

MANY years ago an American doctor in an Asian country, appalled by the incidence of infant mortality, remarked that this was a terrible tragedy. A member of his staff retorted. "Think how much greater a tragedy it would be if they *didn't* die." The remark was not as heartless or as brutal as it sounds. The staff member knew what the prospects of life were for the surviving children: a desperate struggle against overwhelming odds, no education worth the name, virtually no prospects of employment, and, after all this, a life expectancy of less than 40 years for the most fortunate. The staff member, no doubt unwittingly, put his finger on the key sentence in the Constitution of the World Health Organization (WHO) since it was established in 1948: "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity." In short, the reduction of infant mortality, although obviously highly desirable, is not the solution in itself. The doctor may save a child, but what is he saving him for?

There is now a much greater appreciation of the fact that all the great global problems which we face are interconnected. I can think of no more dramatic single example than that of schistosomiasis, which now affects more than 200 million people. In his speech to the General Assembly of the United Nations on September 23, 1974, U.S. Secretary of State Henry Kissinger pledged "specific proposals" from the United States to control this disease. While this is very welcome, it is important to emphasize that projects to expand water resources in developing countries must be designed to ensure that in distributing water we do not spread this terrible disease further. We have learned a bitter lesson.

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We are now groping toward the realization that many of the most intractable health problems are closely linked to factors of the environment, life-styles, urban tensions, social customs, and other crucial but hitherto neglected elements. If one takes a global approach, one is increasingly struck by the vast disparities in the incidences of certain diseases and also by the linkages. To take one example: In El Paso, Texas, the average annual incidence of cancer of the throat among adults is 1.8 per 100,000; in the Gonbad district of Iran it is 206.4 per 100,000 among males, and in females it is even higher. In Normandy and Brittany it is 40 per 100,000, and it is higher in the black communities in the United States. What are the reasons for these disparities and linkages? I speak as a layman, but I suggest that the global experience increasingly emphasizes the profound complexities of health problems and the need to view them in a much wider and deeper social context than in the past.

Since its creation, the WHO has concentrated its efforts—within a relatively small budget—upon the need to control or eradicate communicable diseases. Its most signal triumph has been in smallpox, which in 1967 afflicted 30 nations and now is endemic in only four. In 1967 Sierra Leone, for example, had the world's highest incidence of smallpox; the disease has been eliminated totally there. There are good indications that by the end of 1975 this former scourge may be destroyed. In addition to the human suffering and fear that thus have been eliminated, in the United States this also will mean an annual saving in vaccine and distribution of some \$150 million a year—a truly remarkable return on investment, as the annual contribution to the program by the United States over the past 10 years has never exceeded \$3 million. Only as a result of this global program has it been possible for the surgeon-general of the United States to advise the states that the routine vaccination of children against smallpox is no longer necessary.

In other fields—notably malaria, cholera, and tuberculosis—the results have also been remarkable but not so spectacular. There is no technical reason why they should not have been equally successful, but administrative, financial, and political factors have become involved. For instance, certain countries which are dependent upon tourism and foreign investment have been reluctant to admit the existence of diseases which would obviously affect these industries; the shortsightedness,

not to mention the irresponsibility, of such actions hardly requires comment. The same record as in smallpox could be achieved in these other communicable diseases if the political will were present; the first element of political will is to face facts.

But the most significant and important element in our new approach is to regard communicable diseases as only part of the over-all social and economic problem: i.e., to regard them as products of a deeper problem.

In a recent statement the director-general of the WHO, Dr. Halfdan Mahler, stated with characteristic candor that "the most signal failure of the World Health Organization, as well as of Member States, has undoubtedly been their inability to provide the development of basic health services." This is a criticism which we must take seriously.

By "basic health services" we mean the fundamentals of health care: preventive health care not only for urban populations, which have always been comparatively advantaged, but also for rural populations; clean water; the provision of basic medicines; hygiene; decent standards of living; the disposal of sewage; balanced diets; and knowledge of birth control. We are talking particularly about the availability of such basic health facilities for all. It is our judgment that in the developing countries—where in some areas there is only one doctor to 40,000 people—it is undoubtedly possible to design a health-delivery system that has wide coverage, that the people can afford, and that provides the primary essentials. An example of this is the system developed by the People's Republic of China, which has so impressed observers.

As the recent World Population Conference emphasized, the nation-state must be the executive instrument of health policies, and these must be part of a single strategy. The United Nations has long pioneered in this development, based on the view that this subject must be viewed as a whole. All matters affecting the well-being of the individual must be incorporated into developmental strategies, but health care is self-evidently one of the most crucial areas. We also know that national policies themselves must be part of a global strategy. As we have proved in the case of smallpox, we can achieve this global outlook in the eradication of communicable diseases. It is now imperative that we recognize it in a wider context, in the words of the United Nations Charter, "to promote social progress and better standards of life in larger freedom."